

Personalisation in care homes for older people – what do we know?

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Older People's Health & Social Care, 10 March 2020

Background

Our starting point: Evaluation of Direct Payments in Residential Care trailblazers

Can a direct payment:

- Increase choice of and control over services for residents in care homes?
- Improve services in the care home, by making them more personalised?



Background



- Lack of clarity of the relationship between a direct payment and the care home fee
- Fragility of the care home market and financial exposure of care homes leading to risk aversion
- Questions about ability of residents with high care needs, including dementia, to benefit from a direct payment (via increased choice and control)

Question: If a direct payment is not an effective mechanism to improve personalisation in residential care – what are the alternatives?

Personalisation in Care Homes project - Aims




1. How is 'personalisation' conceptualised?
 - How does the term relate to 'choice and control' and 'person-centred care'?
2. What approaches are adopted to promote personalisation in care homes?
3. What are the barriers and facilitators to achieving a higher degree of personalisation in care homes for older people?

Study design



- Review of policy and practice guidance documents
- Review of studies on approaches to promoting personalisation in care homes for older people (n=77)
- Interviews with care home managers (n=24)
- Analysis of care home reports of the Care Quality Commission (n=50)

Findings from the review of policy and practice documents in England



Policy - Personalisation

- Individual choice and decision-making
- Domiciliary care with direct payment being the main tool
- Service user as ‘consumer’ in the care market (e.g. Barnes, 2011; Ellis, 2015; Stevens et al., 2018)

Practice - Person-centred care

- Multiple origins; relating to care homes most prominent in dementia care
- Emphasises role of the carer (formal, informal) for residents’ wellbeing; attitudes, behaviours, training
- Eradicating ‘malignant social psychology’ by focusing on maintaining personhood; shared decision-making; creating community (SCIE, 2019; Brooker 2003; Kitwood 1997)



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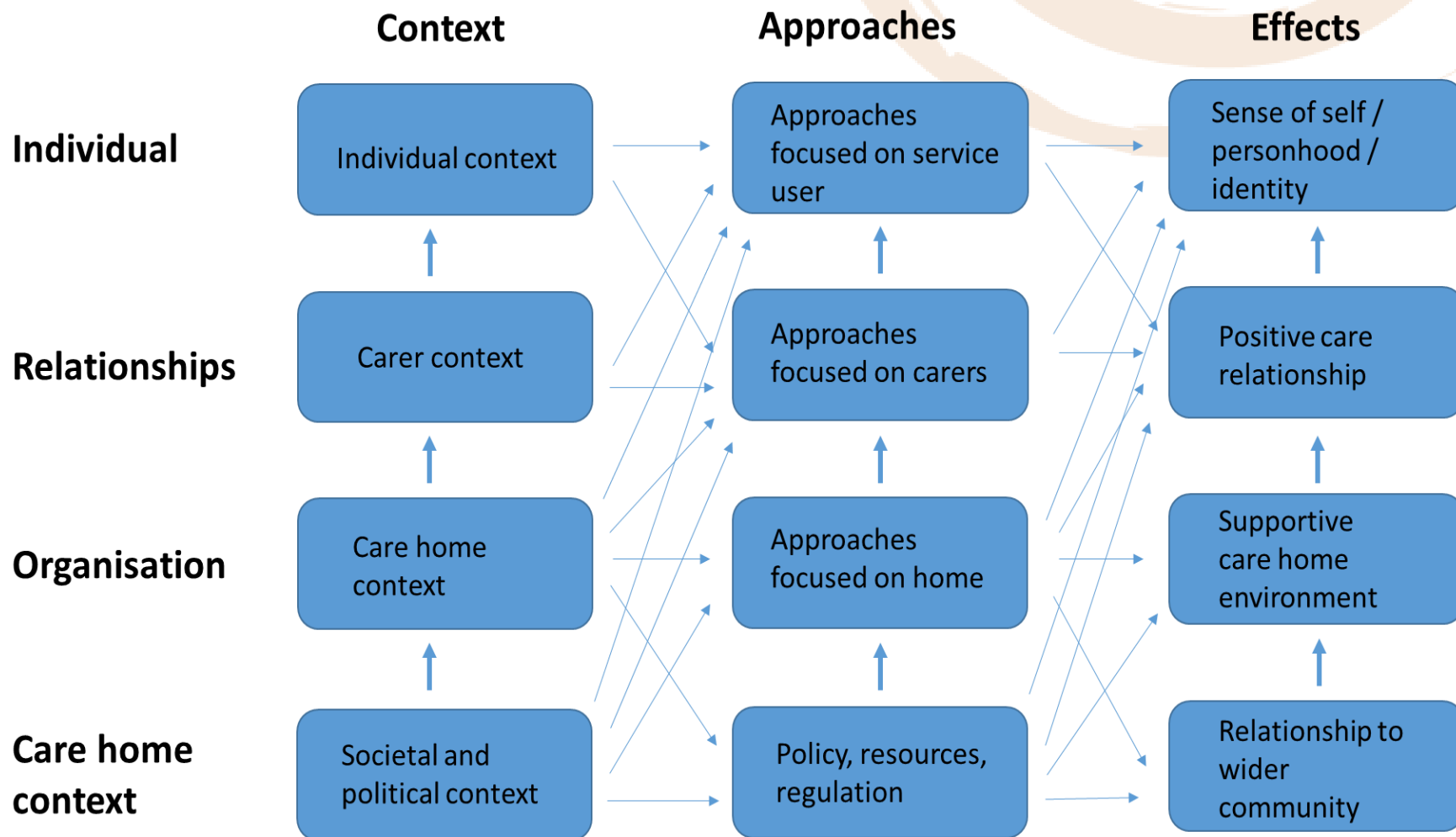
Review of studies of approaches and effects of personalisation in care homes

Objectives

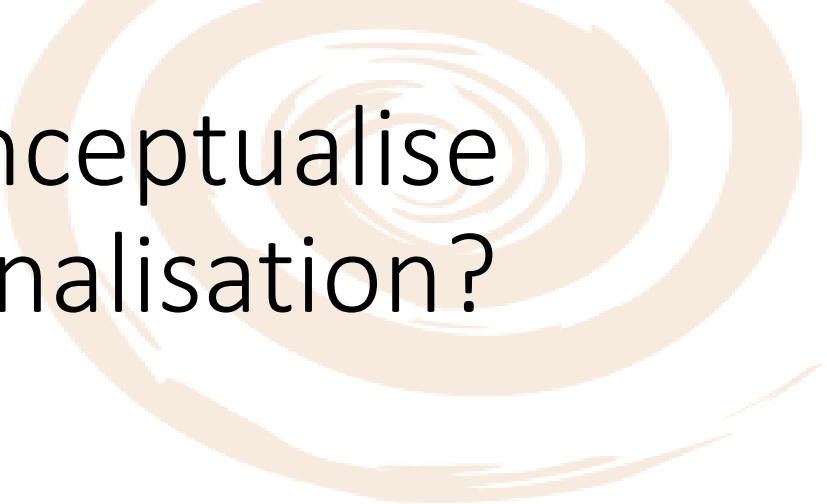
- To clarify concept of personalisation in care homes for older people
- To identify approaches to promoting personalisation
- To assess the effects of these approaches on service users and care delivery
- To consider barriers and facilitators

Mapping of the international literature, rather than systematic review

Analytical framework



How do studies conceptualise (the aims of) personalisation?



- Person-centred care
 - Maintain personhood, identity, sense of self
 - Typically dementia care studies
 - Emphasising the care relationship
 - Kitwood, Sabat, Brooker etc.
- Culture change movement
 - Models in the US (e.g. Green House, Eden Alternative)
 - Maintain autonomy and independence
 - Tends to focus on physical health and mental wellbeing
 - Emphasise 'home-like' environments; small group living; flat hierarchies and staff 'all-rounders'

Approaches and effects



- Majority of studies examining effects of approaches aimed at staff attitudes and behaviours -> provision of **person-centred** care (**n=20**)
- Small number of studies examining effects of approaches directly aimed at residents (**n=7**)
- Small number of studies examining effects of approaches aimed of changing the care home as an organisation (**n=11**)
-> Culture change movement/Green House model
- None examining approaches aimed at societal/policy context

Approaches and effects



- Approaches focused on **care relationships** (n=20, incl. 2 SR and 4 RCTs)
- Mostly report on effects of PCC **training**
 - Vary in content of training, delivery, frequency
 - Some in combination with activities for service users
- Effective in reducing agitation and neuropsychiatric symptoms; mixed results regarding depression and quality of life



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Interviews with care home managers in England I: Approaches to personalisation in care homes

Analysis of interviews

Approaches to promoting personalisation

- Analysis drew on 3 'best practice themes' relating to personalisation derived from a quality in care home review (Owen and Meyer, 2012*)
 - Maintaining individual identity
 - Sharing decision making
 - Creating community

*OWEN, T. & MEYER, J. 2012. My home life: Promoting quality of life in care homes. York: Joseph Rowntree Foundation.

Key findings from interviews

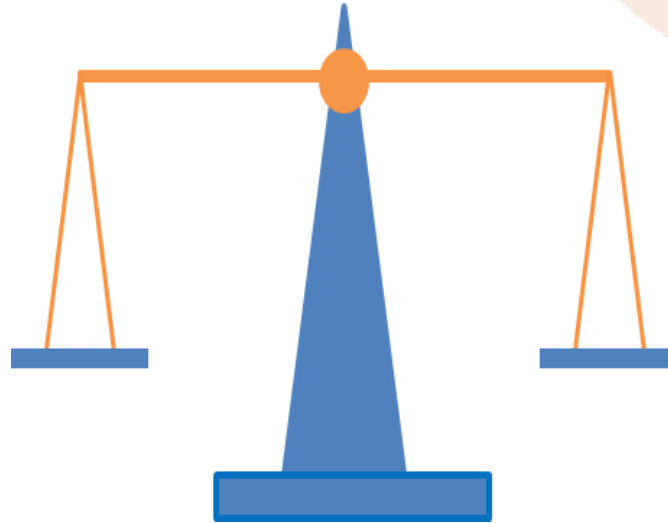


- Most managers aligned their approaches to personalisation within a **person-centred care** framework
- Value of relationship-centred care (**trust**) to supporting sense of self/identity.
- Need for good, consistent, well trained and motivated workforce – staff recruitment and retention an issue for some
- Family co-operation important – shared understanding of resident's need
- **Complexity in sharing decisions** – particularly for residents with cognitive impairment – family tensions
- **Challenge to building relationships** within the home and with local community

Enabling shared decision making

Described as a balancing act

Decisions respecting **individual** choice, preferences, independence



Practicalities (staffing/resources)

Safety regulations; professional standards

Benefits of choice vs risk of harm to residents and others

Difficulties/complexity in facilitating shared decision making: cognitive impairment, family/staff tensions, improving health and well-being, compliant behaviour, resources, other residents needs.

Creating community

Within the care home

Relationship-centred approach - **sense of belonging** for **all** involved (staff, residents, families)

creating social spaces, encouraging participation, involvement in care home

Potential barriers:

- Ability and willingness of residents to engage (**'moving chairs'**)
- Ability and willingness of family members to engage
- Recruiting and maintaining sufficient and consistent (good) staff (**'care work is hard'**)



Between care home and local community

- Links to maintain **local connections**. More difficult at wider level.
- **Same** involvement of local 'schools, churches and animals'
- **More 'bring community in'** than go out to community
- Situation and facilities of care home important
- Fundraising activities increased visibility for some
- Only few acting as community hubs
- Reciprocity assumed but not always in existence – local residents not always interested



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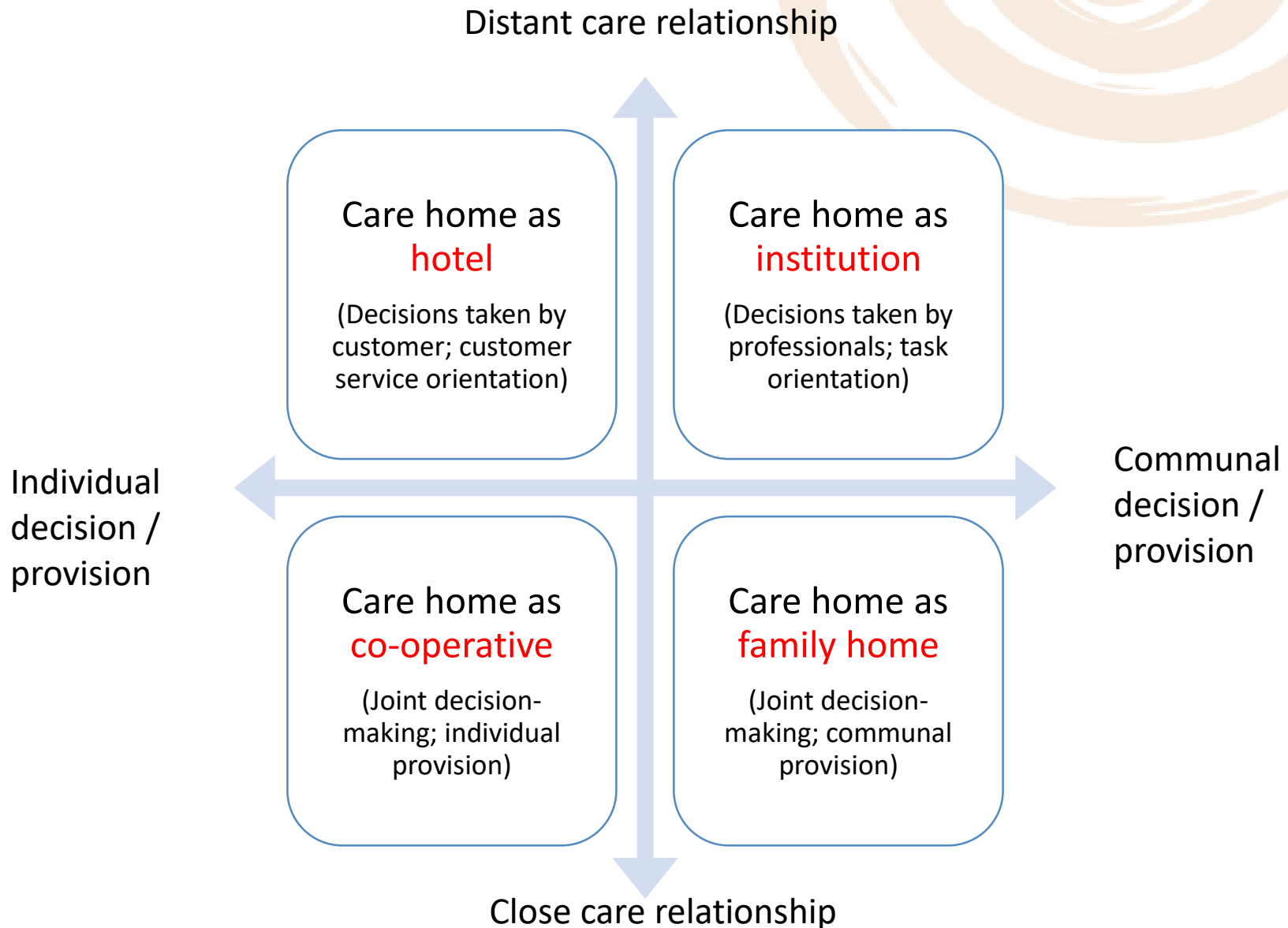
Interviews with care home managers in England II: A typology of approaches to personalising care homes

Objective

- Investigating the tensions between the two concepts in practice, using interviews with care home managers ('metaphors'):
 1. **Personalisation**, aimed at facilitating choice and control; emphasising autonomy and self actualisation
 2. **Person-centred care**, aimed at improving care; emphasising care relationship and the role of carers



Typology



Care home as an institution

- The negative image of care homes that nobody wants to be associated with ('total institution'; Goffman, 1961)
- Yet aspects of the institution survive
 - Routinisation in nursing care
 - Task orientation as regulatory compliance
 - Risk aversion
 - Surveillance (CCTV in communal areas)
 - Professional management ≠ equal relationships

Care home as a family home



- The model most managers aspired to
- Emphasised:
 - Empathy (e.g. cuddle, kiss, endearments)
 - Informality (e.g. banter, no uniforms)
 - 'Equal' treatment of staff and residents
 - Family occasions (e.g. birthdays, funerals wakes)
 - Domestic chores
 - Pets
 - Shared bedrooms (if people want them ...)

Care home as a hotel



- The alternative model of the desirable home
- Emphasised:
 - Hotel-like services “like an expensive holiday”
 - Individual choice (e.g. menus in the “restaurant”)
 - Customer service (“client comes first”)
- Downplay care need (“help with their shoe laces”)
- Seen by some as competitors in the privately paid part of the sector

Care home as a cooperative



- Relationship orientation – individual choice
- Housing with extra care or assisted living?
- Residents involved in some managerial decisions of the home (e.g. job interviews)
- Residents choosing the home *because they want to live there*
- Residents choosing who they want to live with?

Questions arising from typology



- Which type of care home serves residents best?
 - Match between type of approach and type and level of care need?
 - And/or just a matter of resident (and family) choice (self-funders)?
- Availability in local care home markets
 - Entry (large homes) and exit (small homes)
 - Role of local authorities in shaping the market
- Affordability and funding
 - Costs of choice and service orientation



Acknowledgement and disclaimer

The research team thanks the care home managers who kindly agreed to give interviews for this project.

This project is funded by the National Institute for Health Research (NIHR) Policy Research Programme (award reference PE102/0001). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.
